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CONFIRMATION NO. 3358

<b>SERIAL NUMBER</b> 10/781,129	<b>FILING OR 371(c) DATE</b> 02/18/2004 <b>RULE</b>	<b>CLASS</b> 052	<b>GROUP ART UNIT</b> 3635	<b>ATTORNEY DOCKET NO.</b> 430169.90237
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**APPLICANTS**

Lance T. Hampel, Land O'Lakes, WI;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/448,567 02/19/2003 and is a CIP of 10/195,680 07/12/2002 PAT 6,823,639 which claims benefit of 60/346,641 01/08/2002 and is a CIP of 09/504,513 02/15/2000 PAT 6,418,672 which claims benefit of 60/120,828 02/19/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 05/14/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 15/1	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

26710

**TITLE**

Skid base for portable building

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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